

09/830790

**POST OFFICE  
TO ADDRESSEE**



PO ZIP Code

UNITED STATES POSTAL SERVICE™



**DELIVERY (POSTAL USE ONLY)**

**Addresssee Copy**  
Label 11-B May 2000

**TO FILE A CLAIM FOR DAMAGE OR LOSS  
OF CONTENTS, YOU MUST PRESENT THE  
ARTICLE, CONTAINER AND PACKAGING  
TO THE USPS FOR INSPECTION.**

FROM: (PLEASE PRINT)

PHONE

TO: (PLEASE PRINT)

PHONE

☐ **WAVES OF SIGNATURE** (Domestic Only) I wish delivery to be made by an addresssee's agent (if delivery employee judges that article can be left in employee's signature constitutes valid proof of delivery).

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

Date in	Day of Delivery	Flat Rate Envelope
Mo. Day Year	<input type="checkbox"/> Next <input type="checkbox"/> Second	
Time in	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
AM <input type="checkbox"/> PM <input type="checkbox"/>	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Initial Alpha County Code	COD Fee
<input type="checkbox"/> No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Insurance Fee
		Total Postage & Fees \$

**RECEIVED**  
MAY 01 2001

**USPTO MAIL CENTER**

APR 30 2001

**EXPRESS MAIL LABEL DATE IN**

START COMMISSIONER  
PATENTS  
WASHINGTON, D. C. 20231

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



BEST AVAILABLE COPY

PCT